EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? **C.** Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? **IPO** – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. exchange any securities or reportable real estate in a transaction reporting period? A. Did you, your spouse, or your dependent child: UNITED STATES HOUSE OF REPRESENTATIVES IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS exceeding \$1,000 during the reporting period? PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: REPORT TYPE FILER STATUS Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? end of the reporting period? or FINANCIAL DISCLOSURE STATEMENT (e) 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. District: State: Control of the last of the las Yes No N Yes X_s Yes Daytime Telephone: Amendment ₹ |<u>\</u> For Use by Members, Officers, and Employees E I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? 6. Did you, your spouse, or your dependent child receive any portable gift(s) totaling more than \$390 in value from a single F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" source during the reporting period? Officer or Employee Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. 10 x0 2016 HAND DELIVERED Page 1 of 4 LEGISLATIVE RESOURCE CENTER 180 ACT 1: 22 Shared Staff Filer Type: (If Applicable) PSERRES AN Yes Yes Yes Yes Yes Yes Yes Principal Assistant ç 몽 Z 중 Š Š X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

USAA BIME ACCT	Rusta Lincone - PUB			1745 PMS 5M	ABC Hedge Fund X	JT Examples: Simon & Schuster	SP Mega Corp. Stock EF	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(t)) plans) provide the value for each asset held in the account that account the source.
X	7	/	7	*	×	Indefinite	×	None \$1.\$1,000 \$1,001-\$15,000 \$15,001-\$15,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$1,000,001-\$5,000,000 \$1,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000	A BB C D m FF G H I J K L M	BLOCK B Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.' *Column M is for assets held by your spouse or dependent child in which you have no interest.
7	-	7	<i>-</i>	*	Perthership Income	Royaites	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		BLOCK C Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "Nore" if the asset generated no income during the reporting period.
	7	7	*	*	×	×	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$15,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Cver \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*		BLOCK D Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest.
							S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of ean asset was sold, please indicate as follows: (S (part)).

SCHEDULE B - TRANSACTIONS

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction. SP, DC, JT Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. Column K is for assets solely held by your spouse or dependent child. æ Example Mega Corp. Stock Purchase Type of Transaction × Partial Sale Exchange Check Box if Capital Gain Exceeded \$200 × (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable Date 3/9/17 \$1,001-\$15,000 > \$15,001-\$50,000 00 \$50,001-\$100,000 ဂ \$100,001-0 \$250,000 Amount of Transaction \$250,001m \$500,000 \$500,001-П \$1,000,000 \$1,000,001-\$5,000,000 Page_ ଉ \$5,000,001-\$25,000,000 I \$25,000,001-\$50,000,000 _ Over \$50,000,000 ے Over \$1,000,000* (Spouse/DC Asset) **×**

SCHEDULE C - EARNED INCOME

Name: Page

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					The fall interest 1000 & 1000 for the factor	TEGNA	Examples: State of Maryland State of Maryland Civil War Roundtable (Oct. 2). Ontario County Board of Education	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
					Real	Spoure Salam	Legisative reaching res Legisative Pension Spouse Speech Spouse Salary	Туре	ensated at or above the "senior staff" ra a fiduciary relationship) are totally prohi
					\$3500 NJ	N/A	\$18,000 \$18,000 \$1,000 \$1,000 N/A	Amount	ate was \$27,765. The 2018 limit is bited.

SCHEDULE D - LIABILITIES

Name: OSantis SS Page_5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent to out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child

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						SP. DC, JT		
	Sallie Mar	Sallie Mase	JR Morsan Chix	To lumber of	Example First Bank of Wilmington, DE	Creditor		
•	6/2405	5/2001	01 (a) Zollo	(102 N	5/15	Date Liability Incurred MO/YR		
	student loan 2	Study loan 1	And Mirthage	How worthast	Mortgage on Rental Property, Dover, DE	Type of Liability		
		X				\$10,001- \$15,000	>	
	X					\$15,001- \$50,000	Ф	
						\$50,001- \$100,000	c	
			X		×	\$100,001- \$250,000	0	
				X		\$250,001- \$500,000	т	moun
						\$500,001- \$1,000,000	'n	Amount of Liability
						\$1,000,001- \$5,000,000	ေ	ability
						\$5,000,001- \$25,000,000	=	
						\$25,000,001- \$50,000,000		
		L						
						Over \$50,000,000	۲	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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SCHEDULE F - AGREEMENTS

	Name: De Santi	
1	s, Ron	
	Page 6 of 9	

continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;

			Date
			Parties to Agreement
			Terms of Agreement

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

prior approvar or the Continues on Eurics.		
Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Υ	٧	z
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Υ	Υ	Υ
	N II \					
			: 1.5.745			
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				Mary Print		

				,)		Examples: Association of American Associations, Washington, DC XYZ Magazine	Source	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA
						Speech Article	Activity	onsor of an event to a charitable orga	Name: DeSantis, Rom
						Feb, 2, 2017 Aug. 13, 2017	Date	ınization in lieu of paying a	
						\$2,000 \$500	Amount	an honorarium to you. A	Page of q

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